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CONFIRMATION NO. 7603

SERIAL NUMBER 09/302,896	FILING OR 371(c) DATE 04/30/1999 RULE	CLASS 424	GROUP ART UNIT 1636	ATTORNEY DOCKET NO. 2710-4007-US	
APPLICANTS MICHAEL B. CHANCELLOR, PITTSBURGH, PA; JOHNNY HUARD, WEXFORD, PA;					
** CONTINUING DATA ***** This appln claims benefit of 60/083,917 05/01/1998					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/29/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY PA	SHEETS DRAWING 17	TOTAL CLAIMS 80	INDEPENDENT CLAIMS 9
ADDRESS 35437					
TITLE MUSCLE-DERIVED CELLS (MDCS) FOR TREATING MUSCLE- OR BONE- RELATED INJURY OR DYSFUNCTION					
FILING FEE RECEIVED 2066	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		